

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois
 6 Township St. Francois
 0 City Flat River (No.)

Registration District No. 224
 Primary Registration District No. 4465

2
1

3964

File No. 250
 Registered No. St. Ward)

2. FULL NAME

Laura Winham 550

(a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elias Winham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 — 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chromontani Mo

FATHER 13. NAME John R. Reeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Mo

MOTHER 15. MAIDEN NAME Mary Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Mo

17. INFORMANT Lawrence King
 (ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL Interred
 PLACE DATE 1-18

19. UNDERTAKER Baldwell Bros
 (ADDRESS) Flat River Mo

20. FILED 2/2 1938 OB Farrer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1938, to Jan 17, 1938
 Last saw him alive on Jan 17, 1938 Death is said

to have occurred on the date stated above, at 12:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Galeas Pneumonia Date of onset 12, 38

Other contributory causes of importance:

Name of operation 108 Date of 20
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) J. J. Greenham, D.O. 3 M.D.
 (Address) Flat River, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH